

1983 FORM

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 USC § 1983

John Boyd Morrow  
1804 Opportunity Ave  
Chambersburg, PA,  
17201

In the United States District  
Court for the Middle  
District of Pennsylvania

(Enter above the full name of the plaintiff or  
plaintiff's in this action)

vs.  
Crystal Kennedy  
1804 Opportunity Ave. Chbg. PA. 17201  
of E.C.I. and employ of  
Prime Care Medical, Inc.,

(Enter above the full name of the defendant or  
defendant's in this action)

**FILED  
SCRANTON**

JUL 24 2017

PER [Signature]  
DEPUTY CLERK

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?  
Yes \_\_\_\_\_ No X
- B. If your answer to A. is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: John Boyd Morrow

Defendants: Nurse C. Kenndy

2. Court (if Federal Court, name the district: if state court, name the county).

Franklin County

3. Docket Number \_\_\_\_\_

4. Name of judge to whom case was assigned:

5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending?)

dismissed like it was a joke.

6. Approximate date of filing lawsuit: 4-11-17

7. Approximate date of disposition: ~~4-11-17~~ not sure but should be record of it B/c I got a ticket for it.

- II. Place of Present Confinement: B-Block 24hr. lock down.

A. Is there a prisoner grievance procedure in this institution? Yes X No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure: Yes X No \_\_\_\_\_

C. If your answer is YES:

1. What steps did you take? Did the grievance from to the End. with no problem being solved

2. What was the result? NONE, spoke with prison Captain, for ~~nothing~~ nothing, because I still didn't get my P.R.E.A. call

D. If your answer is NO, explain why not: \_\_\_\_\_

## II. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of plaintiff John Boyd Morrow  
Address 1804 Opportunity Ave. Chbg. PA. 17201

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of any additional defendants).

B. Defendant Crystal Kennedy  
employed as Nurse at F.C.Tail. Company.  
Prime Care Medical, Inc.

C. Additional Defendants: Officer Rinchart, Guard at  
~~F.C.T.~~ 1804 opportunity Ave. Chbg. PA. 17201

## III. Statement of Claim:

State here as briefly as possible the **facts** of the case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

I John Boyd Morrow "inmate" on B-Block. WR. Had got up for Medication Call. Well they where not even on the Block when Meds. where called so I inmate Morrow went back to my Bunk and sat down. I was tired bc. I had just got done working a 20 hr. shift at work. So I fell asleep while sitting on my bunk. Well then they call medication again, and I inmate Morrow was still asleep on my bunk and had to be awaken by the guard doing meds. Well I got up and was walking up to the medical Cart when Nurse Kennedy stated that she was writing me, inmate Morrow up for disrupting the Med.

line, and going to be giving me a 24 hr. bunk confinement. And then she say's oh Morrow popped my cherry. At which time I was apuallled and shocked and did not know the meaning of what NURSE Kenndy had meant. I was under the impression that me & NURSE Kenndy had, had A sexaul in counter As was the other inmates on the Block. Since B-Block is open dorm. And Nurse Kenndy kept saying this Coh Morrow popped my Cherry. This is a very serious matter. I could have been charged with having a sexaul relation with A staff member. Just from a statement, And she could've lost her job and I could have been charged with Sex crime and placed on Megan's Law as a Sex Offender.

IV. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I feel that Nurse Kenndy should be rapamanded for this false Sexaul Statemenit and that I should be compinsated for my trouble and worry's. If the wrong person with a throity would have heard her say this NOT only I would have been in very serious trouble but NURSE Kenndy as well. This was very inprofessional of her and could have got me into very very serious trouble with the Jail and the State Police. I would ask that I be paid \$5,000<sup>00</sup> dollars for my troubles and worries and that it be placed on my exscrow account here at F.C.I. and that Nurse Kenndy be give sometime off for making the statement she made. So she can relize just how serious this matter really was & the trouble it could have caused people & the life's she could have ruined by possibley having someone placed on Megan's law list.

Inmate  
Evidence



# Franklin County Jail

## Misconduct Report

Name: <u>Morrow Jr John Boyd</u> Last First Middle		Report Number: _____
Housing Location: <u>E-14-B FCJ # 17-00672</u>		Misconduct Charge(s): <u>1-2</u> <u>2-6</u> <u>2-11</u>
Location of Misconduct: <u>E-14-B</u>		
Date: <u>4.8.17</u>	Time: <u>1325</u>	

### OTHER STAFF OR INMATES INVOLVED

<u>Officer Rinehart</u>		

### STAFF MEMBER'S VERSION

On above date and approximate time this nurse asked inmate Morrow if he wanted his medications. His response was "No, but I'll take a fucking blow job." Inmate Morrow refused his meds at this time. End of report

<b>Action Taken and Reason</b> (completed by Shift Supervisor): <input type="checkbox"/> Informal Resolution <input checked="" type="checkbox"/> Pre-Hearing Segregation <u>Nature of Incident</u> <input type="checkbox"/> Other _____		<u>Nurse Kennedy</u> Reporting Officer's Signature
<b>Action Reviewed and approved by Shift Supervisor</b> <u>[Signature]</u> (signature) Date: <u>4-8-17</u> Time: <u>1511</u>		<b>Date and Time Inmate Given Misconduct Copy</b> Date: <u>4/8/17</u> Time: <u>1512</u> <u>Johns Johns</u> (Signature of Officer serving Misconduct)

Attachments: \_\_\_\_\_

White- Hearing Examiner

Yellow- Inmate

Inmate  
Evidence

Franklin County Jail

Inmate Grievance Form

For Official Use Only

17-00296

Grievance Number

Inmate Name:

Morrow, John Boyd

Date:

4-10-17

Signature:

Jon /

Housing Location (Unit & Cell):

BKG 8 E2

Grievance Issues: (Check all that Apply)

- ☒ Alleged violation of civil or constitutional rights
- ☒ Alleged violation of jail policy
- ☒ Alleged criminal or prohibited act by a staff member
- ☐ Alleged condition existing within the facility that creates unsafe or unsanitary conditions
- ☐ Dispute about the assessment of a specific fee or service charge

Instructions:

1. No grievance shall be considered that deals with the amount of your bond, matters concerning your court case, probation and parole decisions, disciplinary hearings and classification hearings. No grievance will be entertained from a group or representative of any group. All grievances will be on an individual basis.
2. Grievances must be filed within five (5) days after a potential grievable event has occurred.
3. State grievance completely and thoroughly. Grievance Form will be returned to you if it is not completed properly.
4. Grievances containing obscene language, threats or vulgar remarks will not be accepted. Inmates may be subject to disciplinary action for remarks made within the grievance and no immunity will be afforded to any inmate from civil or criminal liability for any of their acts or statements.

Statement of Grievance: Additional paper may be used, maximum of two pages. (One Inmate Grievance Form and one one-sided 8½ X11" page)

I would like to <sup>in</sup>prea. ~~officer~~ nurse Kennedy for stating That She was the first one to get my cherry. I would also like a separation from her. She is also unprofessional and curses while doing her job and is unlady like and <sup>in</sup>carries drinks on her cart (soda)

List actions taken and staff you have contacted, before submitting this grievance.

None taken

## Franklin County Jail

## Inmate Grievance Form

For Official Use Only

17-00296

Grievance Number

Inmate Name:

Morrow, John Boyd

Date:

4-10-17

Signature:

Jon /

Housing Location (Unit &amp; Cell):

BKG 8

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What the hell

List actions taken and staff you have contacted, before submitting this grievance.

None taken



Dear Clerk,

7-20-2017

Hello, and how are you today?  
good I hope. Well, first of all I seem to  
be having a few problems that I was really  
hoping that you maybe able to help me out  
with.

It's been quite sometime since I filed  
a lawsuit of any, and really really hope  
that you maybe able to help me out with  
a few problems that I am having in  
filing this suite and others.

Well Sir or Maam, If you could please tell  
me or send me the nessary from or from's  
that I need to obtain the Jail admissstration  
and Jail staff "NAMES and Poissions" such as the  
Nursing staff, which is Prime Care ~~Inc~~ Medical Inc.  
and the Food provider, and empolies name's  
and poissions, which I have no ideal what it is.  
but despertley need it for a up coming law suite  
of Food Poisoning. Thier was a 150 or more of us  
sick from it!

So dear Clerk, if you could possibley send me  
the correct Forms that I need for this process I would  
be so thankfual to you for that.

Thank you so much for your time  
and your concern.

sign John Boyd Morrow  
x John Boyd Morrow



**Name** JOHN  
**Franklin County Jail**  
**1804 Opportunity Avenue**  
**Chambersburg, PA 17201**

# RECOMMEND

JUL 24 2017

**DE**

DEPUY &amp; CO.

**ATTN:**

Clerk of Court

陳國治

**CONSTITUTIONAL PROTECTION**

19501-114648

Scranton PA 18501-1148

USMS X-RAY



1-10-75 BUREAU PA 272

21 JUL 2017 04:23 L